

December 9, 2003

Montana Medicaid Notice

Hospitals, Physicians, and Mid-Level Practitioners

Emergency Department (ED) Claim Review Procedure

- Claim and ED report received by MPQHF via mail or fax from referring emergency department.
- Registered nurse reviews documentation looking at diagnosis, symptoms, onset, severity, etc., within 3 days of receipt of the case.
- If documentation supports emergent situation return case to DPHHS for adjustment of payment.
- If the documentation does not support an emergent situation or is unclear, telephone treating health care provider within 3 working days of receipt of case to determine if case is emergent. If the MPQHF reviewer is not able to reach the treating ED health care provider after three attempts within a 10-day timeframe, the case will be considered non-emergent and returned to DPHHS for determination letter.
- If the health care provider states that the case is not emergent, document findings, and send to DPHHS for determination letter.
- If the health care provider states that the case was emergent and the reviewer agrees, send to DPHHS for adjustment of payment.
- If the health care provider states that the case was emergent, but there is no supporting documentation and the reviewer believes it is not, refer the case to a peer MD.
- The peer will be a like specialty, i.e. an ER health care provider, and practice outside of the city of the case being reviewed.
- The peer will complete the review within 10 working days. If the case is not returned to MPQHF in this timeframe the reviewer will call the peer.
- Enter peer review results into database.
- Send the nurse reviewer's notes and the peer review results back to DPHHS for either payment adjustment or determination letter.
- If claim is determined emergent, DPHHS (1500 and/or a UB) will force the ED edit and send claim to ACS for payment adjustment.
- If claim is determined to not be emergent or if provider did not supply requested documentation, DPHHS will send determination letter to provider that payment of screening fee only stands.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837

In-state toll-free: 1-800-624-3958

For more information, visit the Provider Information website:

<http://www.mtmedicaid.org>